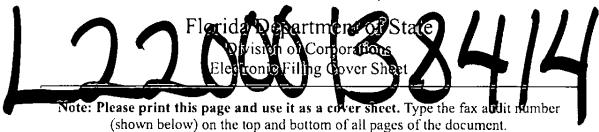
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Division of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC

Account Number : I20230000193 Phone : (407)552-7903 Fax Number : (407)449-2348

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@claudialimatax.com

ATOENEL WEL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EKOM LLC

Certificate of Status	0
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Estimated Charge	\$25.00

M. SOLOMON MAR 2 2 2024

Electronic Filing Menu

Corporate Filing Menu

Help

			COVER LETTER		
	gistration Se vision of Cor				•
	EKOM LL	С			*
SUBJECT		Name of Lin	nited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retur	n all correspo	endence concerning this matter	to the following:		
			Name of Person		
		EKOM LLC			
			Firm/Company		
		6965 Piazza Grande Ave S	Suite 207		
			Address		
		ORLANDO, FL 32835			<u>:</u> :
			City/State and Zip Code		
		ana@advizeone.com	to be used for future annual rep		-
For further	information c	oncerning this matter, please c	•	on nonnearon,	
ANA BER	NARDES		407 242-1 at ()	618	
	Name o	f Person	Area Code	Daytime Telephone	Number
Enclosed is	a check for tl	ne following amount:			
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	ailing Addres		Street Addi		
Registration Section Division of Corporations				on Section of Corporations	
P.6	O. Box 632	7	The Centr	e of Tallahasse	
Ta	llahassee, I	L 32314	2415 N. N	Ionroe Street, S	uite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

EKOM LLC				
(Name of the Limited Li (A Fi	ability Comps orida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liabili	ity Company	were filed on 03/21/2022		and assigned
lorida document number L22000138414	·			
his amendment is submitted to amend the following	g:			
a. If amending name, enter the new name of the	limited liab	ility company here:		
he new name must be distinguishable and contain the words."	"Limited Liabi	lity Company," the designation	"LLC" or the abb	previation "L.L.C."
nter new principal offices address, if applicable:	:	6965 Piazza Grande Ave	Suite 207	Č
Principal office address MUST BE A STREET AL	DDRESS)	ORLANDO, FL 32835	-	
	_			
		· — · · ·	_	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6965 Piazza Grande Ave	Suite 207	
		ORLANDO, FL 32835	-	ŗ
. If amending the registered agent and/or regist gent and/or the new registered office address he		address on our records,	enter the name	e of the new registe
Name of New Registered Agent:	KIN, LL C			
New Registered Office Address: 23	0 SUNPORT	LANE UNIT 500		
		Enter Florida street	address	
Of	RLANDO		_, Florida <u>³²⁸</u>	09
_		City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	ARIELA DUMMER	230 SUNPORT LN SUITE 500	□Add
		ORLANDO, FL 32809	■Remove
			☐Change
			□Add
			□Remove
			Change
			□Add 224 HÅR
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E. Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department.	be specific and cannot be prior to ck does not meet the applicab					b)
f the record specifies a delayed effective ecord is filed.	date, but not an effective tim	e, at 12:01 a.m. on the	earlier of: (b) The 90th	day after th	ıc	
Dated MARCH 1ST	2024					
	es Bett Bernardes					

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T

FAX: 2 +14074492348

Filing Fee: \$25.00